
State: Arkansas **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: A02G Group Annuities - Deferred Non-variable/A02G.003 Single Premium
Product Name: Group Annuities
Project Name/Number: G. 4449/NY12-233 KC

Filing at a Glance

Company: Metropolitan Life Insurance Company
Product Name: Group Annuities
State: Arkansas
TOI: A02G Group Annuities - Deferred Non-variable
Sub-TOI: A02G.003 Single Premium
Filing Type: Form
Date Submitted: 11/14/2012
SERFF Tr Num: META-128771318
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: NY12-233 KC (SB)

Implementation
Date Requested:
Author(s): Sandra Bennett, Ruth Rivera, Linda Williams
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/27/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: A02G Group Annuities - Deferred Non-variable/A02G.003 Single Premium
Product Name: Group Annuities
Project Name/Number: G. 4449/NY12-233 KC

General Information

Project Name: G. 4449 Status of Filing in Domicile:
Project Number: NY12-233 KC Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 11/27/2012
State Status Changed: 11/27/2012 Deemer Date:
Created By: Sandra Bennett Submitted By: Sandra Bennett
Corresponding Filing Tracking Number:

Filing Description:

This is a Group Annuity Certificate Forms. Please view cover letter for detailed description of the submitted filing.

Company and Contact

Filing Contact Information

Kris Ann E. Cappelluti, Sr. Analyst- kcappelluti@metlife.com
Contracts Dev.
MetLife 212-578-3029 [Phone]
1095 Avenue of the Americas 212-578-3874 [FAX]
New York, NY 10036-6796

Filing Company Information

Metropolitan Life Insurance CoCode: 65978 State of Domicile: New York
Company Group Code: 241 Company Type: Life
MetLife Group Name: State ID Number:
1095 Avenue of the Americas
New York, NY 10036-6796
(212) 578-2211 ext. [Phone] FEIN Number: 13-5581829

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form.
Per Company: No

| Company | Amount | Date Processed | Transaction # |
|-------------------------------------|----------|----------------|---------------|
| Metropolitan Life Insurance Company | \$200.00 | 11/14/2012 | 64903101 |

| | | | |
|-----------------------------|--|------------------------|-------------------------------------|
| State: | Arkansas | Filing Company: | Metropolitan Life Insurance Company |
| TOI/Sub-TOI: | A02G Group Annuities - Deferred Non-variable/A02G.003 Single Premium | | |
| Product Name: | Group Annuities | | |
| Project Name/Number: | G. 4449/NY12-233 KC | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 11/27/2012 | 11/27/2012 |

| | | | |
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Disposition

Disposition Date: 11/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | Transmittal Letter-GM certs (hw) | | Yes |
| Supporting Document | L-A&H NAIC Transmittal Document 1-1-2009 | | Yes |
| Form | Certificate | | Yes |
| Form | Certificate | | Yes |
| Form | Certificate | | Yes |
| Form | Certificate | | Yes |

| | | | |
|-----------------------------|--|------------------------|-------------------------------------|
| State: | Arkansas | Filing Company: | Metropolitan Life Insurance Company |
| TOI/Sub-TOI: | A02G Group Annuities - Deferred Non-variable/A02G.003 Single Premium | | |
| Product Name: | Group Annuities | | |
| Project Name/Number: | G. 4449/NY12-233 KC | | |

Form Schedule

| Lead Form Number: G. 4449 | | | | | | | | |
|---------------------------|----------------------|-------------|--------------|-----------|-------------|----------------------|-------------------|--|
| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments |
| 1 | | Certificate | Form G. 4449 | CER | Initial | | 54.000 | G.4449 GM life annuity final.pdf |
| 2 | | Certificate | Form G.4450 | CER | Initial | | 56.000 | G.4450 GM J&S Cert final.pdf |
| 3 | | Certificate | Form G.4451 | CER | Initial | | 54.000 | G.4451 GM MCR Life Annuity final.pdf |
| 4 | | Certificate | Form G.4452 | CER | Initial | | 52.000 | G.4452 Met Cert - GM MCR J&S final.pdf |

Form Type Legend:

| | | | |
|-------------|---|-------------|--|
| ADV | Advertising | AEF | Application/Enrollment Form |
| CER | Certificate | CERA | Certificate Amendment, Insert Page, Endorsement or Rider |
| DDP | Data/Declaration Pages | FND | Funding Agreement (Annuity, Individual and Group) |
| MTX | Matrix | NOC | Notice of Coverage |
| OTH | Other | OUT | Outline of Coverage |
| PJK | Policy Jacket | POL | Policy/Contract/Fraternal Certificate |
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |

MetLife®

Metropolitan Life Insurance Company

A Stock Company Incorporated in New York State
200 Park Avenue—New York, New York 10166

Metropolitan Life Insurance Company (herein called MetLife) certifies that, under and subject to the terms of the Contract, the Annuitant is entitled to receive the annuity described in this certificate.

This Certificate replaces any certificate that the Annuitant previously received prior to [December 1, 2012] with respect to MetLife's guarantee under [Article M of Group Annuity Contract No. 300]. The Annuitant's annuity benefit specified below will continue in full force with MetLife's irrevocable guarantee to the Annuitant.

As of the Annuity Commencement date specified below, MetLife's only liability with respect to Annuity Payments is to make the payments provided in the Certificate issued hereunder.

| | |
|---|---|
| Contractholder: State Street Bank and Trust Company, as Directed Trustee of the General Motors Salaried Employees Pension Trust | |
| Group Annuity Contract No.: [Article M of GAC 300] | Certificate No.: [xxx-xx-xxxx] |
| Annuitant: [Name] | Monthly Annuity Payment: [\$xxx.xx] |
| Annuity Commencement Date: [January 1, 2013] | Date of Birth of Annuitant: [month day year] |

Payment of Annuity: MetLife will make annuity payments monthly from the Annuity Commencement Date, if the Annuitant is then living, to the date of the last payment for the month in which the Annuitant dies.

Proof of Living: MetLife may require proof that the Annuitant is living on the date on which any annuity payment is to be made. If proof is requested, no payment will be made until the proof has been received by MetLife.

Misstatements: If a payee's date of birth, date of death, or sex was misstated to MetLife, then MetLife will not have the right to decrease nor the obligation to increase the annuity payment. If information other than the date of birth, date of death, or sex of the Annuitant was misstated to MetLife then MetLife will make an equitable adjustment to future monthly annuity payments in accordance with the terms of the Contract. If the corrected monthly annuity payment is less than the annuity payment determined using the misstated information, then the monthly annuity payment will be decreased in accordance with the terms of the Contract and MetLife may also reduce future annuity payments by amounts previously overpaid by MetLife. If the corrected monthly annuity payment is more than the monthly annuity payment calculated the misstated information, then the annuity payment will be increased in accordance with the terms of the Contract and MetLife will pay the amount of underpayments in the next one or two annuity payments to the Annuitant.

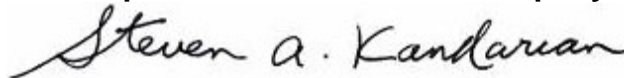
Limitation of Assignment: This annuity cannot be assigned, anticipated, accelerated, transferred, sold, discounted, pledged as collateral for a loan or as security for the performance of an obligation or for any other purpose, or otherwise transferred to any person other than MetLife. All such benefits will be exempt from the claims of creditors to the maximum extent permitted by law. For the avoidance of doubt, compliance with the terms of a qualified domestic relations order meeting the requirements of this Contract will not be considered to be an impermissible transaction or transfer hereunder and an Annuitant's annuity payment may be reduced by the amount directed to an alternate payee pursuant to such an order.

Facility of Payment: MetLife will only pay the Annuitant who is entitled to any annuity benefit payment under this Contract unless MetLife has been given proof that someone or an entity is legally entitled to act on behalf of, or receive payment for, the Annuitant. A right to an annuity payment is enforceable by the certificate holder solely against MetLife and against no other person or entity.

Payment Administration: MetLife may agree that an administrator will make payments to the Annuitant on MetLife's behalf. In the absence of such agreement, payments will be paid to the Annuitant directly by MetLife. If an administrator is making such payments then the payee may receive a single check or electronic deposit that combines the payment provided under this certificate with other payments as may be payable by the administrator.

Entire Contract: This Certificate contains a summary of certain important terms of the Contract. The Contract constitutes the entire agreement between the Contractholder and MetLife and contains a more complete description of your rights. The Contract will control in the event of a conflict between what is reflected in this Certificate and what is contained in the Contract. MetLife's obligations under the Contract cannot be canceled. MetLife's obligations to the Annuitant under the Contract will not be cancellable without the Annuitant's consent and shall be legally enforceable by the Annuitant against MetLife.

Metropolitan Life Insurance Company

A handwritten signature in black ink that reads "Steven A. Kandarian". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Steven A. Kandarian
Chairman, President and Chief Executive Officer



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As of the Annuity Commencement date specified below, MetLife's only liability with respect to Annuity Payments is to make the payments provided in the Certificate issued hereunder.

| | | |
|---|---|---|
| Contractholder: State Street Bank and Trust Company, as Directed Trustee of the General Motors Salaried Employees Pension Trust | | |
| Group Annuity Contract No.: [Article M of GAC 300] | Certificate No.: [xxx-xx-xxxx] | Annuity Commencement Date: [January 1, 2013] |
| Annuitant: [Name] | Monthly Annuity Payment to Annuitant: [\$xxx.xx] | Date of Birth of Annuitant: [month day year] |
| Survivor Annuitant: [Name] | Monthly Annuity Payment to Survivor Annuitant: [\$xxx.xx] | Date of Birth of Survivor Annuitant: [month day year] |

Payment of Annuity: MetLife will make annuity payments monthly from the Annuity Commencement Date, if the Annuitant is then living, to the date of the payment for the month in which the Annuitant dies, following which annuity payments will continue if the Survivor Annuitant is then living until the month in which the Survivor Annuitant dies. Annuity payments due during the Annuitant's lifetime will be made to the Annuitant and for the amount specified in this Certificate; any annuity payments due after the Annuitant's death will be made to the Survivor Annuitant for the amount specified in this Certificate.

Proof of Living: MetLife may require proof that the Annuitant or the Survivor Annuitant, as the case may be, is living on the date on which any annuity payment is to be made to such person. If proof is requested, no payment will be made until the proof has been received by MetLife.

Misstatements: If a payee's date of birth, date of death, or sex was misstated to MetLife, then MetLife will not have the right to decrease nor the obligation the annuity payment. If information other than the dates of birth, dates of death, or sex of the Annuitant or Survivor Annuitant was misstated to MetLife then MetLife will make an equitable adjustment to future monthly annuity payments in accordance with the terms of the Contract. If the corrected monthly annuity payment is less than the annuity payment determined using the misstated information, then the monthly annuity payment will be decreased in accordance with the terms of the Contract and MetLife may also reduce future annuity payments by amounts previously overpaid by

MetLife. If the corrected monthly annuity payment is more than the monthly annuity payment calculated using the misstated information, then the annuity payment will be increased in accordance with the terms of the Contract and MetLife will pay the amount of underpayments in one of the next two annuity payments to the payee.

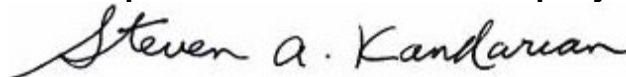
Limitation of Assignment: This annuity cannot be assigned, anticipated, accelerated, transferred, sold, discounted, pledged as collateral for a loan or as security for the performance of an obligation or for any other purpose, or otherwise transferred to any person other than MetLife. All such benefits will be exempt from the claims of creditors to the maximum extent permitted by law. For the avoidance of doubt, compliance with the terms of a qualified domestic relations order meeting the requirements of this Contract will not be considered to be an impermissible transaction or transfer hereunder and an Annuitant's annuity payment may be reduced by the amount directed to an alternate payee pursuant to such an order.

Facility of Payment: MetLife will only pay the Annuitant or the Survivor Annuitant who is entitled to any annuity benefit payment under this Contract unless MetLife has been given proof that someone or an entity is legally entitled to act on behalf of, or receive payment for, the Annuitant or the Survivor Annuitant. A right to an annuity payment is enforceable by the certificate holder solely against MetLife and against no other person or entity.

Payment Administration: MetLife may agree that an administrator will make payments to the Annuitant or Survivor Annuitant on MetLife's behalf. In the absence of such agreement, payments will be paid to the Annuitant directly by MetLife. If an administrator is making such payments then the payee may receive a single check or electronic deposit that combines the payment provided under this certificate with other payments as may be payable by the administrator.

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Metropolitan Life Insurance Company

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Chairman, President and Chief Executive Officer



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As of the Annuity Commencement date specified below, MetLife's only liability with respect to Annuity Payments is to make the payments provided in the Certificate issued hereunder.

| | |
|---|---|
| Contractholder: State Street Bank and Trust Company, as Directed Trustee of the General Motors Salaried Employees Pension Trust | |
| Group Annuity Contract No.: [Article M of GAC 300] | Certificate No.: [xxx-xx-xxxx] |
| Annuitant: [Name] | Monthly Annuity Payment: [\$xxx.xx] |
| Annuity Commencement Date: [January 1, 2013] | Date of Birth of Annuitant: [month day year] |
| Minimum Return as of [January 1, 2013]: [\$x,xxx.xx] | Beneficiary: [Name] |

Payment of Annuity: MetLife will make annuity payments monthly to the Annuitant from the Annuity Commencement Date, if the Annuitant is then living, to the date of the payment for the month in which the Annuitant dies. If the aggregate of the annuity payments made to the Annuitant on and after the Annuity Commencement Date is less than the Minimum Return, then upon the Annuitant's death MetLife will pay to the Beneficiary the excess of the Minimum Return over the aggregate of the annuity payments made to the Annuitant. If the Beneficiary is deceased or there is no designated Beneficiary, then such amount will be paid to the estate of the Annuitant.

Proof of Living: MetLife may require proof that the Annuitant is living on the date on which any annuity payment is to be made. If proof is requested, no payment will be made until the proof has been received by MetLife.

Change of Beneficiary: The Annuitant may change his designation of Beneficiary in accordance with the terms of the Contract. Information concerning such changes will be furnished by MetLife on request.

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corrected monthly annuity payment is less than the annuity payment determined using the misstated information, then the monthly annuity payment will be decreased in accordance with the terms of the Contract and MetLife may also reduce future annuity payments by amounts previously overpaid by MetLife. If the corrected monthly annuity payment is more than the monthly annuity payment calculated using the misstated information, then the annuity payment will be increased in accordance with the terms of the Contract and MetLife will pay the amount of underpayments in one of the next two annuity payments to the Annuitant.

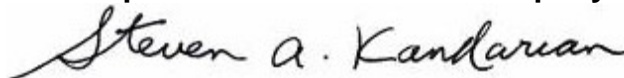
Limitation of Assignment: This annuity cannot be assigned, anticipated, accelerated, transferred, sold, discounted, pledged as collateral for a loan or as security for the performance of an obligation or for any other purpose, or otherwise transferred to any person other than MetLife. All such benefits will be exempt from the claims of creditors to the maximum extent permitted by law. For the avoidance of doubt, compliance with the terms of a qualified domestic relations order meeting the requirements of this Contract will not be considered to be an impermissible transaction or transfer hereunder and an Annuitant's annuity payment may be reduced by the amount directed to an alternate payee pursuant to such an order.

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| | | |
|---|------------------|--|
| Contractholder: State Street Bank and Trust Company, as Directed Trustee of the General Motors Salaried Employees Pension Trust | | |
| Group Annuity Contract No.: [Article M of GAC 300] | Certificate No.: | Annuity Commencement Date: |
| Annuitant: | | Monthly Annuity Payment to Annuitant: |
| Survivor Annuitant: | | Monthly Annuity Payment to Survivor Annuitant: |
| Date of Birth of Annuitant: | | Date of Birth of Survivor Annuitant: |
| Minimum Return as of [January 1, 2013]: | | Beneficiary: |

Payment of Annuity: MetLife will make annuity payments monthly from the Annuity Commencement Date, if the Annuitant is then living, to the date of the payment for the month in which the Annuitant dies, following which annuity payments will continue if the Survivor Annuitant is then living until the month in which the Survivor Annuitant dies. Annuity payments due during the Annuitant's lifetime will be made to the Annuitant and for the amount specified in this Certificate; any annuity payments due after the Annuitant's death will be made to the Survivor Annuitant for the amount specified in this Certificate. If the aggregate of the annuity payments made to the Annuitant and the Survivor Annuitant is less than the Minimum Return, then upon the Annuitant's or Survivor Annuitant's death, whichever is later, MetLife will pay to the Beneficiary the excess of the Minimum Return over the aggregate of the annuity payments made. If the Beneficiary is deceased or there is no designated Beneficiary then such amount will be paid to the estate of the Annuitant.

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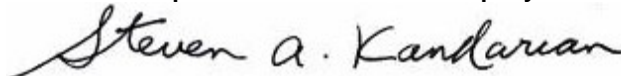
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Steven A. Kandarian
Chairman, President and Chief Executive Officer

| | | | |
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| State: | Arkansas | Filing Company: | Metropolitan Life Insurance Company |
| TOI/Sub-TOI: | A02G Group Annuities - Deferred Non-variable/A02G.003 Single Premium | | |
| Product Name: | Group Annuities | | |
| Project Name/Number: | G. 4449/NY12-233 KC | | |

Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------|----------------------|--------------|--------------|
| Satisfied - Item: | Flesch Certification | | |
| Comments: | ARCERTREAD | | |
| Attachment(s): | | | |
| ARCERTREAD.pdf | | | |

| | | Item Status: | Status Date: |
|--------------------------------------|----------------------------------|--------------|--------------|
| Satisfied - Item: | Transmittal Letter-GM certs (hw) | | |
| Comments: | Transmittal Letter-GM certs (hw) | | |
| Attachment(s): | | | |
| Transmittal Letter-GM certs (hw).pdf | | | |

| | | Item Status: | Status Date: |
|--|--|--------------|--------------|
| Satisfied - Item: | L-A&H NAIC Transmittal Document 1-1-2009 | | |
| Comments: | L-A&H NAIC Transmittal Document 1-1-2009 | | |
| Attachment(s): | | | |
| L-A&H NAIC Transmittal Document 1-1-2009.pdf | | | |



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

| Form No. | Form Description | Flesch Score |
|-------------|---------------------|--------------|
| Form G.4449 | Annuity Certificate | 54 |
| Form G.4450 | Annuity Certificate | 56 |
| Form G.4451 | Annuity Certificate | 54 |
| Form G.4452 | Annuity Certificate | 52 |

A handwritten signature in black ink that reads "Nan Tecotzky".

Nan Tecotzky
Vice President & Actuary

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166
Tel 212 578-3031
Email: hwalsh@metlife.com

Helen Walsh

Director-Contracts and Development Compliance



November 8, 2012

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Group Annuity Certificate Forms G.4449, G.4450, G.4451 and G.4452
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

Enclosed for your review and approval are final printed copies of the following group annuity certificate forms:

| | |
|--------|-------------------------|
| G.4449 | GM Life Annuity |
| G.4450 | GM J&S Life Annuity |
| G.4451 | GM MCR Life Annuity |
| G.4452 | GM MCR J&S Life Annuity |

These certificate forms have been prepared for the single use of one client, General Motors ("GM") and may be issued to your residents under a group policy situated in the State of Michigan, closeout Group Annuity Contract G.NC50305.14NP. This contract was approved by the Michigan Department of Insurance on October 23, 2012.

Variability in these forms is limited to illustrative text.

Thank you for your assistance. If you have any additional questions or comments, please feel free to contact me at (212) 578-3031.

Regards,

A handwritten signature in black ink that reads "Helen Walsh". The signature is written in a cursive, flowing style.

Helen Walsh

Life, Accident & Health, Annuity, Credit Transmittal Document

| | | | | | | | |
|-----------|----------------------------------|-----------------|--|--|--|--|--|
| 1. | Prepared for the State of | ARKANSAS | | | | | |
|-----------|----------------------------------|-----------------|--|--|--|--|--|

| | | | | | | | |
|-----------|----------------------------|--|--|--|--|--|--|
| 2. | Department Use Only | | | | | | |
| | State Tracking ID | | | | | | |
| | | | | | | | |

| 3. | Insurer Name & Address | Domicile | Insurer License Type | NAIC Group # | NAIC # | FEIN # | State # |
|----|--|----------|----------------------|--------------|--------|------------|---------|
| | Metropolitan Life Insurance Company Institutional Contracts MSC# 39.087 1095 Avenue of the Americas New York, NY 10036-6796 | NY | | 241 | 65978 | 13-5581829 | |

| 4. | Contact Name & Address | Telephone # | Fax # | E-mail Address |
|----|---|----------------|----------------|--|
| | Kris Ann Cappelluti MetLife Institutional Contracts 200 Park Avenue, 12 th Floor New York, NY 10166 | (212) 578-3029 | (212) 578-3874 | kcappelluti@metlife.com |

| | | | | | | | |
|-----------|------------------------------|--|--|--|--|--|--|
| 5. | Requested Filing Mode | <input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____ | | | | | |
|-----------|------------------------------|--|--|--|--|--|--|

| | | | | | | | |
|-----------|--------------------------------|--------------------|--|--|--|--|--|
| 6. | Company Tracking Number | NY12-233 KC | | | | | |
|-----------|--------------------------------|--------------------|--|--|--|--|--|

| | | |
|-----------|--|-----------------------|
| 7. | <input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission | Previous file # _____ |
|-----------|--|-----------------------|

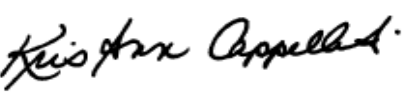
| | | |
|-----------|---------------|---|
| 8. | Market | <input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Group</div> <div style="width: 60%;"> <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div> </div> |
|-----------|---------------|---|

| | | | | | | | |
|-----------|--------------------------------|--|--|--|--|--|--|
| 9. | Type of Insurance (TOI) | A02.G – Group Annuities – Deferred Non Variable | | | | | |
|-----------|--------------------------------|--|--|--|--|--|--|

| | | | | | | | |
|------------|--|----------------------------------|--|--|--|--|--|
| 10. | Sub-Type of Insurance (Sub-TOI) | A02G.003 – Single Premium | | | | | |
|------------|--|----------------------------------|--|--|--|--|--|

| | | | | | | | |
|------------|----------------------------|---|--|--|--|--|--|
| 11. | Submitted Documents | <input checked="" type="checkbox"/> <u>FORMS</u> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Policy</div> <div style="width: 33%;"><input type="checkbox"/> Outline of Coverage</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Certificate</div> <div style="width: 33%;"><input type="checkbox"/> Application/Enrollment</div> <div style="width: 33%;"><input type="checkbox"/> Rider/Endorsement</div> <div style="width: 33%;"><input type="checkbox"/> Advertising</div> <div style="width: 33%;"><input type="checkbox"/> Schedule of Benefits</div> <div style="width: 33%;"><input type="checkbox"/> Other</div> </div> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Articles of Incorporation</div> <div style="width: 50%;"><input type="checkbox"/> Third Party Authorization</div> <div style="width: 50%;"><input type="checkbox"/> Association Bylaws</div> <div style="width: 50%;"><input type="checkbox"/> Trust Agreements</div> <div style="width: 50%;"><input type="checkbox"/> Statement of Variability</div> <div style="width: 50%;"><input type="checkbox"/> Certifications</div> <div style="width: 50%;"><input type="checkbox"/> Actuarial Memorandum</div> <div style="width: 50%;"><input type="checkbox"/> Other _____</div> </div> | | | | | |
|------------|----------------------------|---|--|--|--|--|--|

| | | |
|-----|-------------------------------------|---|
| 12. | Filing Submission Date | November 8, 2012 |
| 13 | Filing Fee (If required) | Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____ |
| 14. | Date of Domiciliary Approval | |
| 15. | Filing Description: | |
| | Please see cover letter. | |

| | |
|---|------------------------------------|
| 16. | Certification (If required) |
| I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> . | |
| Print Name <u>Kris Ann Cappelluti</u> Title <u>Senior Contract Analyst</u> | |
| Signature  Date: <u>November 8, 2012</u> | |

| | |
|---|-------------------------------|
| 17. | Form Filing Attachment |
| This filing transmittal is part of company tracking number | NY12-233 KC |
| This filing corresponds to rate filing company tracking number | |

| | Document Name | Form Number | | Replaced Form Number |
|----|---------------------------|--------------------|---|-------------------------------------|
| | Description | | | Previous State Filing Number |
| 01 | Group Annuity Certificate | G. 4449 | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | Group Annuity Certificate | | | |
| 02 | Group Annuity Certificate | G.4450 | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | Group Annuity Certificate | | | |
| 03 | Group Annuity Certificate | G.4451 | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | Group Annuity Certificate | | | |
| 04 | Group Annuity Certificate | G.4452 | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | Group Annuity Certificate | | | |
| 05 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 06 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 07 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 08 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 09 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 10 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |

LH FFA-1

| 18. | Rate Filing Attachment | | | |
|--|------------------------|-----------------------|---|------------------------------|
| This filing transmittal is part of company tracking number | | | | |
| This filing corresponds to form filing company tracking number | | | | |
| Overall percentage rate indication (when applicable) | | | | |
| Overall percentage rate impact for this filing | | | % | |
| | Document Name | Affected Form Numbers | | Previous State Filing Number |
| | Description | | | |
| 01 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |

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